

PART B - FEE(S) TRANSMITTAL

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29175 7590 07/17/2007

BELL, BOYD & LLOYD, LLP
P. O. BOX 1135
CHICAGO, IL 60690

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/924,621	08/07/2001	Satoru Matsuda	I12857-282	3175
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TITLE OF INVENTION: INFORMATION PROCESSING DEVICE AND INFORMATION PROCESSING METHOD, SERVICE PROVIDING SYSTEM, AND COMPUTER-EXECUTABLE PROGRAM FOR THE SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1400	\$300	\$0	\$1700	10/17/2007
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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SIDDIQI, MOHAMMAD A	2154	709-204000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, the name will be printed.

1. Bell Boyd & Lloyd LLP

2. _____
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Sony Corporation

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:**4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)**

An Check is enclosed.

Payment by credit card. Form PTO-2038 is attached.

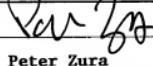
The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **02-1818** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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October 15, 2007

Authorized Signature 

Date _____

Typed or printed name **Peter Zura**

Registration No. **48,196**

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